



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re PATENT application:

Application No.: 10/690908
Applicant: Harris
Title: Funeral Anniversary Reminder
Filing Date: October 22, 2003
Examiner:
Art Unit: 3629
Docket No.: Jenn003

May 2, 2005

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Petition to Accept Missing Item As Previously Received

Dear Sir or Madam:

The applicant petitions that Page 6 of the above-referenced application be accepted as previously received by the USPTO. The Notice of Omitted Item attached hereto suggests this page was not deposited with the USPTO. A return receipt postcard was provided with the application. The return receipt postcard identifies the number of pages in the specification as 14 and was returned without annotation. A copy of the returned postcard is submitted herewith as evidence that all 14 pages of the specification, including Page 6, were received by the PTO as of the original filing date. The \$400.00 petition fee is enclosed. A copy of Page 6 of the application is also enclosed. Applicant requests that this page be included with the application if and only if it is determined that this page was previously received by the USPTO.

Respectfully submitted,

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05/06/2005 MWOLDGE1 00000002 10690908

01 FC:1462 400.00 OP

Adjustment date: 08/01/2005 AKELLEY
05/06/2005 MWOLDGE1 00000002 10690908
01 FC:1462 -400.00 OP

Refund Ref:
08/01/2005 AKELLEY 0000146147

CHECK Refund Total: \$400.00

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>8-1-05</u>		2 Serial/Patent # <u>10/696,908</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
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<input checked="" type="checkbox"/>	Petition	IFW	5-5-05	\$ 400						
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	Cert of Correction/Terminal Disc.			\$						
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7 TOTAL AMOUNT OF REFUND			\$ 400							
8 TO BE REFUNDED BY:										
10 REASON:		<input checked="" type="checkbox"/> Treasury Check								
	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):									
Proves we lost paper										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Charles S Brantley</u>		TITLE: <u>Petition Atty</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571-272-3203</u>								
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>8/1/05</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B